

Transportation Section:

Child's Name _____ Date of Birth _____

(M ___ or F ___)

Do you request transportation? ☐ Yes ☐ No If Yes, ☐ To School ☐ From School

Name of person who will put child on bus _____ Phone: _____

Address where child should be picked up _____

Describe where the child is to be picked up. _____

(Ex: Yellow house on left, just past town barn.)

Name of person who will greet child _____ Phone: _____

Address where child should be dropped off _____

Describe where the child should be dropped off _____

Child care provider:

Name Address Phone

Who is **authorized** to take child *from school*? _____

Who is **authorized** to take child *from bus*? _____

ALWAYS NOTIFY THE SCHOOL IF:

- **A PERSON OTHER THAN THE ONE NAMED IS TO RECEIVE THE CHILD.**
- **PLEASE NOTIFY THE SCHOOL IF YOUR CHILD IS ABSENT. CALL THE BUS GARAGE AT 387-3445 Ext. 3330.**